Date 8-28-2009

PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

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Effectiv Fees pursuant to the Consolidat	e on 12/08/200		401		Con	nplete	if Knowi	1
				Application Num	ber 10/	66804	9	
FEE TRANSMITTAL			Filing Date	9/2	9/22/2003			
For FY 2009			First Named Inve	ntor TH	EEL,			
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name	HY	HYLINSKI, Alyssa Marie		
	Art Unit	3711						
TOTAL AMOUNT OF PAYM	Attorney Docket	No. The	Theel.PetToy					
METHOD OF PAYMENT	(check all t	hat apply)						
Check Credit C	ard \square_{M}	oney Order	Noi	ne Other (pl	ease identify	y):		
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For the above-identific	ed deposit ac	count, the Director is	is he	reby authorized to:	(check all t	that app	oly)	
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FEE CALCULATION								
1. BASIC FILING, SEAR			ES					
	FILING FI	EES SI nall Entity	EAF	CH FEES	EXAMIN			
Application Type			ee (\$	Small Entity Fee (\$)	Fee (\$)	Small Fee		Fees Paid (\$)
Utility	330	165 5	40	270	220	11	0	
Design	220	110	00	50	140	7	0	
Plant	220	110 3	30	165	170	8	5	
Reissue	330	165 5	40	270	650	32	5	
Provisional	220	110	0	0	0	1	0	
2. EXCESS CLAIM FEES	S					_		Small Entity
Fee Description Each claim over 20 (including Reissues)							<u>ee (\$)</u> 52	<u>Fee (\$)</u> 26
			`				220	110
Each independent claim over 3 (including Reissues) Multiple dependent claims							390	195
• •	Extra Claims	<u>Fee (\$)</u>	Fee	Paid (\$)		M	ultiple Dep	endent Claims
- 20 or HP =		=	_			E	ee (\$)	Fee Paid (\$)
HP = highest number of total of Indep. Claims	daims paid for, Extra Claims	-	Eac	Paid (\$)				
3 or HP =		_x=						
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3. APPLICATION SIZE F If the specification and of		ceed 100 sheets of	f na	ner (excluding el	ectronical	llv file	d segueno	ce or computer
listings under 37 CF								
sheets or fraction the	reof. See 3	35 U.S.C. 41(a)(1)	(G)	and 37 CFR 1.16	i(s).			
<u>Total Sheets</u> - 100 =	Extra Sheets			<u>:h additional 50 or</u> _ (round up to a wi			Fee (5) <u>Fee Paid (\$)</u> =
4. OTHER FEE(S) Non-English Specifica	otion \$12	0 fee (no small en				,		Fees Paid (\$)
Other (e.g., late filing		•	•	uiscouiit <i>)</i>				270.00
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SUBMITTED BY			_	m-intenti Ni-				
Signature	ld		[Registration No. (Attorney/Agent) 45	463		Telephone	714-825-0555

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Name (Print/Type) Clement Cheng

TRANSMITTAL FORM (to be used for all correspondence after initial filing) Total Number of Pages in This Submission			Application Number 10/668,049 Filing Date 9/22/2003 First Named Inventor THEEL, Julie Art Unit 3711			c Office; U.S. DEPARTMENT OF COMMEI unless it displays a valid OMB control num
			Examiner Name Attorney Docket Number	HYLINSK	HYLINSKI, Alyssa Marie Theel.PetToy	
		ENC	LOSURES (Check	all that apply	<i>(</i>)	
Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Remain		Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revoca Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on the	e Address		After Allowance Communication to Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):	
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Firm Name						
Signature	1100Ch					
	Clement Cheng					
Signature	Clement Cheng 8-28-2009			Reg. No.	45463	· · · · · · · · · · · · · · · · · · ·

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